

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	1094052	1-27-00
O.I.P.E. CLASSIFIER			5-1-12-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final Original	Date
1	1	1-27-00
2	2	1-27-00
3	3	1-27-00
4	4	1-27-00
5	5	1-27-00
6	6	1-27-00
7	7	1-27-00
8	8	1-27-00
9	9	1-27-00
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37	37	✓ ✓ =
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43	43	
44	44	
45	45	✓ =
46	46	
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48	48	
49	49	
50	50	✓ ✓ *

Claim	Final Original	Date
51	51	1-27-00
52	52	1-27-00
53	53	1-27-00
54	54	1-27-00
55	55	
56	56	
57	57	
58	58	✓
59	59	✓ =
60	60	✓ =
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67	67	
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71	71	✓ =
72	72	✓ =
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Claim	Final Original	Date
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If more than 150 claims or 10 actions  
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